BIRLA INSTITUTE OF TECHNOLOGY

Employee Clearance/No Dues Form

All the concerned departments are hereby informed that Prof. /Dr./Mr./Ms./Mrs. …….. …….. is being relieved from BIT on …….. The clearance concerning any outstanding /recoveries to be made from him/her may please be indicated for necessary action before his/her release.

Part - I – To be Completed by Employee			
Employee Name		Designation	
Employee Code		Department	
Date of Joining		Campus/Centre	
Date of Resignation/Termination/Superannuation/Expiry (Death in service):			
Personal E-mail		Signature	
Contact No.		Contact Address	

Part - II – To be Completed a) by the Dean of Faculty Affairs (for Faculty Members) Or b) by Registrar (For Non-Teaching Staff) or Or c) by Director/ Prof. In-Charge of Off Campuses		Recovery amt. (if any)
1. Brief of Responsibilities		
2. Handed Over To		
3. HoD/In-charge Keys to Cupboard / Drawers		
4. Other Assets		
5. From HoD/Any other Remarks to be highlighted		
Signature		

Part - III – To be Completed by Office of Research, Innovation & Entrepreneurship (for Faculty Members)		Recovery amt. (if any)
1. Consultancy Details (ongoing/Completed)		
2. Govt. Grants Project Report (if any)		
3. Project Details (ongoing/Completed)		
4. Any other remarks to be highlighted		
Signature		

Part - IV– To be Completed by HoD of Concerned Department		Recovery amt. (if any)
1. Brief of Responsibilities		
2. For Faculty: Responsibilities related to Examination Duty/Question paper		
3. Handed Over the charge and other related matters		
4. HoD/In-charge Keys to Cupboard / Drawers		
5. Other Assets		
6. HoD-Any other remarks to be highlighted		
Signature		

Part-V-Library-Items Held (R: Returned; NR – Not Returned; NA – Not Applicable)				
Particulars	R/NR/NA	Sign. of Librarian		Recovery amt. (if any)
1. Central Library Clearance (Books), etc.				
2. ID Card / Access Card				
3. Others (Please Specify)				

Pending Issues (If Any)			
Remarks (If Any)	**Signature**		
Signatures of Prof. In-charge Library		Date:	

Part - VI – To be Completed by Information CT Cell			
1. Date on which e-mail will be deactivated by webmaster: Date:		Signature	
2. Or if credentials of the assigned official email ID are handed over to another : Name		Signature of the receiver:	
Item Held	**Status**		Recovery amt. (if any)
1. Software			
2. Others (Please Specify)			
Signature of ICT Cell representative		Date:	
Signature of HoS ICT Cell		Date:	

Part - VII – Estate Office				
Item Held		**Status**		Recovery amt. (if any)
1. Accommodation (if applicable)				
2. Other Assets				
Signature				
Part - VIII – Energy Management				
1. Electric Bill (if applicable)				Recovery amt. (if any)
2. Other Details if any				
Signature				
Part - IX– Water Resource Management				
1. Water Bill (if applicable)				Recovery amt. (if any)
2. Other Details if any				
Signature				
Part - X– Transport				
1. Any dues related institute transport section				Recovery amt. (if any)
2. Other Details if any				
Signature				
Part - XI– General Stores				
1. Clearance for equipment /gadgets issued in his/her name:				Recovery amt. (if any)
2. Any dues related to General Stores				
3. Other Details if any				
4. Other Assets				
Signature				

Part - XII– To be Completed by Department of Human Resources		
Particulars	**Status (Y/N)**	**Remarks**
1. Exit Feedback form/Interaction Completed		
2. Notice Period Served		
3. Salary of Notice Period Recoverable (No of Days)		
Signature		

Part -XIII– To be Completed by Accounts Department			
Claims		**Status**	Recovery amt. (if any)
1. Reimbursement Balance			
2. Outstanding Advances			
3. Other (Please Specify)			
4. Loan (if any)			
5. Clearance from Accounts Section			
Signatures of Accounts Representative		Date:	
Signatures of Accounts In-charge		Date:	

BIRLA INSTITUTE OF TECHNOLOGY

EXIT FEEDBACK FORM
PERSONAL DETAILS

Employee Name			
Designation			
Institution			
Name of Current HOD			
Date of Joining			
Date of Resignation			
Total Duration at BIT			
Reasons for Job Switch (All applicable reasons with remarks can be mentioned)			
Better Profile			
Better Emoluments			
Personal Reason			
Any Other Reason			
Name of Organization joining			
What triggered you to look for change:			
Good/Enjoyable experiences with BIT			
Difficult/upsetting experiences with BIT			
Please complete Responses (Unsatisfactory; Satisfactory; Good; Excellent)			

Questions	**Response**
Overall rating of BIT as an Organisation	
The performance measurement and the feedback System	
The communication within the Organisation	
Recruitment and Induction procedures in BIT	
Willingness of superiors to listen and help in solving problems	
The salary structure	
The working environment	
Growth opportunities	
Effectiveness of Appraisal process	
Any Other Comments	
Contact details	

Signature: